## PARKS AND RECREATION REGISTRATION FORM

(Please Print) Parent/Guardian Name		Spouse		_
Address	City, S	State, Zip		
Address W	Mom's /ork Phone	Dad's Work Phone	Emergency Phone	
E-mail address Emergency Contact Person		 Relationship		
Fund Policy  We reserve the right to can refunds will be issued in suc Refunds will be issued only in otherwise stated). No refund in the program. A doctor's rate A \$2 administrative refund claim procedure and require	h instances. f request is made by nds will be given afte note is required for a fee will be charged.	the weekday prior to r class/program begin in injury refund and re All refund claims are	the beginning of the class/p s unless an injury prohibits fund is subject to pro-ratir	orogram (ui participati 19.
		·	Sex: M / F Birthdate _	
Class Code	Fee	Class Code		Fee
1.		5.		
2.		6.		
3.		7.		
4.		8.		
Register B: FName	LName _		Sex: M / F Birthdate	
Class Code	Fee	Class Code		Fee
1.		5.		
2.		6.		
3.		7.		
4.		8.		
Register C: FName	LName_		Sex: M / F Birthdate	
Class Code	Fee	Class Code		Fee
1.		5.		
2.		6.		
3.		7.		
4.		8.		

Please make checks payable to: Columbus Parks & Recreation Department If mailing send to: Columbus Parks & Recreation  $\cdot$  P.O. Box 858  $\cdot$  Columbus, IN  $\cdot$  47202 Attn: Registration